



**ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
BUREAU OF EMERGENCY MEDICAL SERVICES
REQUEST FOR ADDRESS OR NAME CHANGE**



TYPE OF CHANGE REQUEST SECTION

☐ ADDRESS CHANGE ☐ NAME CHANGE ☐ DUPLICATE CARD REQUEST

NAME OF PERSON REQUESTING CHANGE

☐ BASIC ☐ INTERMEDIATE ☐ PARAMEDIC

FIRST NAME

MIDDLE NAME

LAST NAME

SOCIAL SECURITY NUMBER

TELEPHONE NUMBER

ARIZONA CERTIFICATION NUMBER

USE THIS SECTION FOR NAME CHANGE ONLY

A copy of an official document such as a marriage certificate, divorce decree, court document of legal name change is required for a name change.

FORMER FIRST NAME

FORMER MIDDLE NAME

FORMER LAST NAME

NEW FIRST NAME

NEW MIDDLE NAME

NEW LAST NAME

USE THIS SECTION FOR ADDRESS CHANGE ONLY

OLD MAILING ADDRESS

CITY

STATE

ZIP CODE

NEW MAILING ADDRESS

CITY

STATE

ZIP CODE

USE THIS SECTION FOR DUPLICATE CARD REQUESTS ONLY

☐ CARD LOST ☐ CARD STOLEN ☐ CARD DESTROYED ☐ OTHER *Explain Below:*

Certificate Holder Signature →

Date

YOU MAY FAX YOUR INFORMATION TO 602-364-3566 or MAIL TO ONE OF THE OFFICES LISTED BELOW

PHOENIX

Certification Services
Bureau of EMS
150 N. 18th Ave., Suite 540
Phoenix, AZ 85007-3248

TUCSON

Certification Services
Bureau of EMS
400 W. Congress, Suite 100
Tucson, AZ 85701-1353

FLAGSTAFF

Certification Services
Bureau of EMS
1500 E. Cedar Ave., Suite 22
Flagstaff, AZ 86004-1642

OFFICE USE ONLY

Processed By:

Date: